

AUG 20 2010

FAX TRANSMISSION

DATE: August 20, 2010**PTO IDENTIFIER:** Application Number 10/586,226

Patent Number

Inventor: Catharina E. HISSINK et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** MORRISON & FOERSTER LLP

Leslie A. Robinson

PHONE: (858) 314-7692**Attorney Dkt. #:** 313632002301**PAGES (Including Cover Sheet):** 18**CONTENTS:** Transmittal (1 page)

Fee Transmittal (1 page)

Amendment (13 pages)

Petition for Extension of time (1 page)

Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/586,226

Attorney Docket No.: 313632002300

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Transmittal (1 page)
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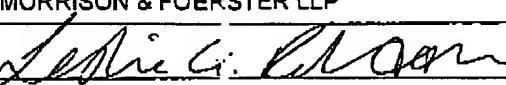
(to be used for all correspondence after initial filing)

Application Number	10/586,226		
Filing Date	January 14, 2005 (Int'l)		
First Named Inventor	Catharina E. HISSINK		
Art Unit	1796		
Examiner Name	R. Jones		
Total Number of Pages in This Submission	18	Attorney Docket Number	313632002300

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission (1 page) Fax Transmission (1 page)
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Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Leslie A. Robinson		
Date	August 20, 2010	Reg. No.	54,403

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PAGE 3/19 * RCVD AT 8/20/2010 6:00:34 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/40 * DNIS:2738300 * CSID:18587205125 * DURATION (mm:ss):02:58

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/586,226
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 14, 2005 (Int'l)
		First Named Inventor	Catharina E. HISSINK
		Examiner Name	R. Jones
		Art Unit	1796
TOTAL AMOUNT OF PAYMENT	(\$) 130.00	Attorney Docket No.	313632002300

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 03-1952		Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52
Each independent claim over 3 (including R. issues)	220
Multiple dependent claims	390

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

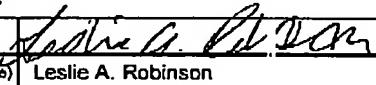
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

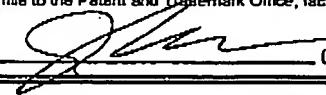
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 (Extension for response within first month)	130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	54,403	Telephone	(858) 314-7692
Name (Print/Type)	Leslie A. Robinson			Date	August 20, 2010

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Dated: August 20, 2010

Signature:  (Jessica A. Conen)

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